

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Waclede</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u> Length of stay in lb <u>2 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u> Inside Limits Yes ☒ No ☐				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <u>RAILS</u> c. CITY OR TOWN <u>Perry</u> Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First <u>Stanley</u> Middle <u>R.</u> Last <u>Alexander</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7,</u> Year <u>1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>11-25-07</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>garming</u>		11. BIRTHPLACE (City and state or country) <u>Perry, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Martin Logan Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Ross</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Forrest L. Alexander, Lebanon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral degeneration, cause undetermined</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1957</u> , to <u>11-7-59</u> and last saw him alive on <u>11-6-59</u> Death occurred at <u>10:17 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. Carrington M.D.</u> (Degree or title)			22b. ADDRESS <u>Lebanon, Mo.</u>		22c. DATE SIGNED <u>11-9-59</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-10-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Perry Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Perry, Missouri</u>							
24. FUNERAL DIRECTOR <u>B. J. Shabel</u> ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-12-1959</u>		26. REGISTRAR'S SIGNATURE <u>Heather L. May</u>			

6961 0 21101 51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address Hartsville Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.